



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

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 BUS SVCS DIV

2019 JUL 10 AM 11:27

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>000149976</u>		2. Exact name of the Corporation <u>Decor Craft Inc.</u>			
3. Principal Office Address <u>133 Mathewson Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
4. NAICS Code <u>425120</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>NY</u>		<u>Importers of Gift Products</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Roni Kabessa</u>			Vice-President Name		
Street Address <u>133 Mathewson St</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>100</u>		10. Shares Issued <u>0</u> Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>0</u>		<u>CNP</u>	<u>0</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <u>Roni Kabessa</u>				Date <u>7/2/19</u>	
Signature of Authorized Representative 					

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SIGN DOCUMENT FILE
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